mage

PART B - FEE(S) TRANSMITTAL

Complete and sen	d this form, tegethe	er with applicable fe	e(s), to: Mail	Mail Stop ISS	SUE FEE	
	UN 0 9 2003 (3)			Commissione Alexandria, V	er for Patents Virginia 22313-1450	
INSTRUCTIONS: This fo	orm should be used for	transmitting the ICCLIC	Fax	(703)746-4000) ~	
appropriate. All furtilet co indicated unless corrected maintenance fee notification	below or directed other	the Patent, advance order vise in Block 1, by (a) sp	s and notification pecifying a new c	of maintenance for orrespondence add	required). Blocks 1 through 4 tes will be mailed to the currer ress; and/or (b) indicating a se	should be completed when nt correspondence address a parate "FEE ADDRESS" fo
	7590 (Note: Legibly m. 7590)	and up with any confections of use	Block 1)	Note: A certifica	te of mailing can only be used ttal. This certificate cannot	for domestic mailings of the
David M. Sigmond				accompanying r	papers. Each additional paper, must have its own certificate of	such as an accimment or
2440 Andrew Driv Superior, CO 8002	•			I harabu aartifu	Certificate of Mailing or Tra	nsmission
	-,			envelone address	that this Fee(s) Transmittal i stal Service with sufficient post sed to the Box Issue Fee address e USPTO, on the date indicated	age for first class mail in an
				D.	cuid Sigmond	(Depositor's name
				Towned (Signal		
					6/2/03"	(Date
APPLICATION NO.	FILING DATE	FIR	ST NAMED INVENTOR ATT		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/002,732 TITLE OF INVENTION: S	11/15/2001	W T. BERER D	Charles W.C. Lin		P012-1	3851
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLI	CATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0		\$650	08/27/2003
EXAMI	ART UNIT	CLASS-SUBCLASS				
VIGUSHIN,	2827	174-268000				
1. Change of correspondence address or indication of "Fee Address" (37						
CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indication PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED ON THE	PATENT (print of	tyne)		
PLEASE NOTE: Unless at been previously submitted (A) NAME OF ASSIGNED	n assignee is identified b to the USPTO or is being E	elow, no assignee data wi submitted under separate (B) RE	Il appear on the p. cover. Completion SIDENCE: (CITY	atent. Inclusion of a of this form is NC and STATE OR C		
Please check the appropriate assignee category or categories (will not be printed on the patent) 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
■ Issue Fee □ A check in the amount of the fee(s) is enclosed.						
☐ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached.						
The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502178 (enclose an extra copy of this form).						
Commissioner for Patents is a	requested to apply the Iss	ue Fee and Publication Fe	e (if any) or to re-	apply any previous	ly paid issue fee to the applicati	ion identified above.
(Authorized Signature)		(Date)	,			
	D > rolmon	V -	1/03	06/11/2003	DEMMANU2 00000003 50217	78 10002732
NOTE; The Issue Fee and other than the applicant; a interest as shown by the reco	other party in	01 FC:2501 02 FC:8001	650.00 CH 15.00 CH			
This collection of informati obtain or retain a benefit b application. Confidentiality estimated to take 12 minute completed application form case. Any comments on the suggestions for reducing the Patent and Trademark O 22313-1450. DO NOT SE SEND TO: Commissioner for	on is required by 37 CF y the public which is to is governed by 35 U.S.C is to complete, including to the USPTO. Time whe amount of time you is burden, should be senffice, U.S. Department	R 1.311. The information file (and by the USPTO 122 and 37 CFR 1.14. The gathering, preparing, and will vary depending upon require to complete this to the Chief Information of Commerce, Alexan	to process) an anis collection is submitting the the individual			
Under the Paperwork Reducion of information unl	uction Act of 1995, no less it displays a valid OM	persons are required to AB control number.				
		TRANSMIT THIS	FORM WITH FI	EE(S)		